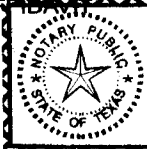
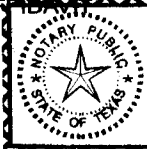
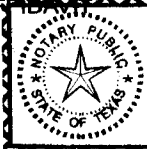


CORRECTION AFFIDAVIT FOR CANDIDATE/OFFICEHOLDER

RECEIVED
CITY OF SAN ANTONIO
CITY CLERK

JAN 21 PM 1:02

See backside for instructions

1 ACCOUNT #	2 Total pages filed: <u>67</u>												
3 CANDIDATE / OFFICEHOLDER NAME	<table style="width: 100%;"> <tr> <td style="width: 33%;">TITLE</td> <td style="width: 33%;">FIRST <u>Julian</u></td> <td style="width: 33%;">MI</td> </tr> <tr> <td>NICKNAME</td> <td>LAST <u>Castro</u></td> <td>SUFFIX</td> </tr> </table>	TITLE	FIRST <u>Julian</u>	MI	NICKNAME	LAST <u>Castro</u>	SUFFIX						
TITLE	FIRST <u>Julian</u>	MI											
NICKNAME	LAST <u>Castro</u>	SUFFIX											
4 ORIGINAL REPORT TYPE	<table style="width: 100%;"> <tr> <td><input checked="" type="checkbox"/> January 15</td> <td><input type="checkbox"/> Runoff</td> <td><input type="checkbox"/> Other (specify)</td> </tr> <tr> <td><input type="checkbox"/> July 15</td> <td><input type="checkbox"/> Exceeded \$500 limit</td> <td></td> </tr> <tr> <td><input type="checkbox"/> 30th day before election</td> <td><input type="checkbox"/> 15th day after treasurer appointment (officeholder only)</td> <td></td> </tr> <tr> <td><input type="checkbox"/> 8th day before election</td> <td><input type="checkbox"/> Final report</td> <td></td> </tr> </table>	<input checked="" type="checkbox"/> January 15	<input type="checkbox"/> Runoff	<input type="checkbox"/> Other (specify)	<input type="checkbox"/> July 15	<input type="checkbox"/> Exceeded \$500 limit		<input type="checkbox"/> 30th day before election	<input type="checkbox"/> 15th day after treasurer appointment (officeholder only)		<input type="checkbox"/> 8th day before election	<input type="checkbox"/> Final report	
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<input type="checkbox"/> 8th day before election	<input type="checkbox"/> Final report												
5 ORIGINAL PERIOD COVERED	<table style="width: 100%;"> <tr> <td style="width: 33%;">Month</td> <td style="width: 33%;">Day</td> <td style="width: 33%;">Year</td> <td style="width: 33%;">Month</td> <td style="width: 33%;">Day</td> <td style="width: 33%;">Year</td> </tr> <tr> <td colspan="2"><u>07/01</u></td> <td><u>102</u></td> <td colspan="2">THROUGH</td> <td><u>12/31</u> <u>102</u></td> </tr> </table>	Month	Day	Year	Month	Day	Year	<u>07/01</u>		<u>102</u>	THROUGH		<u>12/31</u> <u>102</u>
Month	Day	Year	Month	Day	Year								
<u>07/01</u>		<u>102</u>	THROUGH		<u>12/31</u> <u>102</u>								
6 EXPLANATION OF CORRECTION	<p>① Additional contributions to report</p> <p>② Provide address previously unknown</p> <p>③ Correct in-kind contribution amount</p> <p>④ Additional expenditures to report</p>												
7 AFFIDAVIT													
<table style="width: 100%;"> <tr> <td style="width: 45%; vertical-align: top;"> <div style="border: 1px solid black; padding: 5px; text-align: center;">  <p>ANDREW BORREGO NOTARY PUBLIC STATE OF TEXAS My Comm Exp. 08-07-2005</p> </div> </td> <td style="width: 55%; vertical-align: top;"> <p>I swear, or affirm, under penalty of perjury, that this corrected report is true and correct and that I am filing this corrected report promptly after learning of the error(s) in the original report. I swear, or affirm, under penalty of perjury, that I did not intend to violate a reporting requirement when I filed the original report.</p> <p style="text-align: center;"><u>[Signature]</u></p> <p style="text-align: center;">Signature of Candidate or Officeholder</p> </td> </tr> </table>		<div style="border: 1px solid black; padding: 5px; text-align: center;">  <p>ANDREW BORREGO NOTARY PUBLIC STATE OF TEXAS My Comm Exp. 08-07-2005</p> </div>	<p>I swear, or affirm, under penalty of perjury, that this corrected report is true and correct and that I am filing this corrected report promptly after learning of the error(s) in the original report. I swear, or affirm, under penalty of perjury, that I did not intend to violate a reporting requirement when I filed the original report.</p> <p style="text-align: center;"><u>[Signature]</u></p> <p style="text-align: center;">Signature of Candidate or Officeholder</p>										
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<p>AFFIX NOTARY STAMP / SEAL ABOVE</p>													
<p>Sworn to and subscribed before me by <u>Julian Castro</u> this the <u>17th</u> day of <u>January</u>, 20 <u>03</u>.</p> <p>to certify which, witness my hand and seal of office.</p>													
<table style="width: 100%;"> <tr> <td style="width: 33%; text-align: center;"> <u>[Signature]</u> Signature of officer administering oath </td> <td style="width: 33%; text-align: center;"> <u>Andrew Borrego</u> Printed name of officer administering oath </td> <td style="width: 33%; text-align: center;"> <u>Notary</u> Title of officer administering oath </td> </tr> </table>		<u>[Signature]</u> Signature of officer administering oath	<u>Andrew Borrego</u> Printed name of officer administering oath	<u>Notary</u> Title of officer administering oath									
<u>[Signature]</u> Signature of officer administering oath	<u>Andrew Borrego</u> Printed name of officer administering oath	<u>Notary</u> Title of officer administering oath											

**Remember To Attach Any Part Of The Campaign Finance Report Form
Needed To Report And Explain Corrections**



CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

CITY OF SAN ANTONIO
CITY CLERK

FORM C/OH

COVER SHEET PG 1
2003 JAN 21 PM 1:02

The C/OH INSTRUCTION GUIDE explains how to complete this form.		1 ACCOUNT # (Ethics Commission filers)		2 Total pages filed: 7	
3 CANDIDATE / OFFICEHOLDER NAME	TITLE FIRST MI Julian				OFFICE USE ONLY
	NICKNAME LAST SUFFIX Castro				
4 CANDIDATE / OFFICEHOLDER ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 715 E. Sunshine San Antonio, TX 78228				Date Received
					Date Hand-delivered or Date Postmarked
5 CAMPAIGN TREASURER NAME	TITLE FIRST MI Rosie				Receipt #
	NICKNAME LAST SUFFIX Castro				Amount
6 CAMPAIGN TREASURER ADDRESS (Residence or business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 143 Globe San Antonio, TX 78228				Date Processed
					Date Imaged
7 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER	EXTENSION		
	(210)	436-5284			
8 REPORT TYPE	<input checked="" type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only) <input type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> Final report (Attach C/OH - FR)				
9 PERIOD COVERED	Month Day Year THROUGH Month Day Year 07 / 01 / 02 12 / 31 / 02				
10 ELECTION	ELECTION DATE Month Day Year 05 / 03 / 03		ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input checked="" type="checkbox"/> General <input type="checkbox"/> Special		
11 OFFICE	OFFICE HELD (if any) City Council District 7		12 OFFICE SOUGHT (if known)		
13 NOTICE OF DIRECT CAMPAIGN EXPENDITURE BY OTHER INDIVIDUALS <input type="checkbox"/> additional pages	** Direct campaign expenditures are campaign expenditures made by others without the candidate's prior consent or approval. Candidates are required to disclose this information only if they receive notification of the direct campaign expenditure. **				
	Name				
	Address / PO Box; Apt. / Suite #; City; State; Zip Code				
GO TO PAGE 2					



**CANDIDATE / OFFICEHOLDER REPORT:
SUPPORT & TOTALS****FORM C/OH
COVER SHEET PG 2**

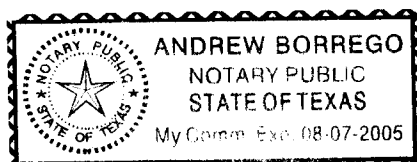
2003 JAN 21 PM 1:02

14 C/OH NAME Castro, Julián	15 ACCOUNT # (Ethics Commission files)
---------------------------------------	---

16 NOTICE FROM POLITICAL COMMITTEE(S)	.. This box is for notice of political expenditures by political committees to support the candidate / officeholder. These expenditures may have been made without the candidate's or officeholder's knowledge or consent. Candidates and officeholders are required to report this information only if they receive notice of such expenditures. ..	
	COMMITTEE TYPE	COMMITTEE NAME
	<input type="checkbox"/> GENERAL	COMMITTEE ADDRESS
	<input type="checkbox"/> SPECIFIC	COMMITTEE CAMPAIGN TREASURER NAME
<input type="checkbox"/> additional pages	COMMITTEE CAMPAIGN TREASURER ADDRESS	

17 NO REPORTABLE ACTIVITY	<input type="checkbox"/> Check here if no reportable activity occurred during this reporting period. (Sign affidavit below and submit pages 1 and 2 only.)
----------------------------------	--

18 CONTRIBUTION TOTALS	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ 0
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 17,780.00
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED	\$ 0
	4. TOTAL POLITICAL EXPENDITURES	\$ 10,149.13
OUTSTANDING LOAN TOTALS	5. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 0

19 AFFIDAVIT

I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

[Signature]
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Julian Castro, this the 17th day of January, 2003, to certify which, witness my hand and seal of office.

[Signature]
Signature of officer administering oath

Andrew Borrego
Printed name of officer administering oath

Notary
Title of officer administering oath



POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

RECEIVED
CITY OF SAN ANTONIO
CITY CLERK

SCHEDULE A1

(FOR FORMS C/OH, C/OH-SS, SC-C/OH,
SC-SPAC, SPAC, & SPAC-SS)

2003 JAN 21 PM 1:02

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages this Schedule A1:

3

2 FILER NAME

Castro, Julian

3 ACCOUNT # (Ethics Commission filers)

4 Date

9/4/02

5 Full name of contributor

☐ out-of-state PAC (ID#)

Baltazar Serna

6 Contributor address; City; State; Zip Code

120 Villita
San Antonio, TX 78205

7 Amount of
contribution (\$)

1,300.00

8 In-kind contribution
description (if applicable)

rental for
reception/food

9 Principal occupation (Optional)

10 Employer (Optional)

Date

9/4/02

Full name of contributor

☐ out-of-state PAC (ID#)

ASP Ventures - Alice Perez

Contributor address; City; State; Zip Code

9700 Airport Blvd., Suite 274
San Antonio, TX 78216

Amount of
contribution (\$)

300.00

In-kind contribution
description (if applicable)

Principal occupation (Optional)

Employer (Optional)

Date

10/8/02

Full name of contributor

☐ out-of-state PAC (ID#)

Henry & Pamela Bain

Contributor address; City; State; Zip Code

1026 Central Pky S.
San Antonio, TX 78232

Amount of
contribution (\$)

50.00

In-kind contribution
description (if applicable)

Principal occupation (Optional)

Employer (Optional)

Date

10/4/02

Full name of contributor

☐ out-of-state PAC (ID#)

Jesse S. Covarrubias

Contributor address; City; State; Zip Code

204 Shalimar
San Antonio, TX 78213

Amount of
contribution (\$)

100.00

In-kind contribution
description (if applicable)

Principal occupation (Optional)

Employer (Optional)

Date

10/9/02

Full name of contributor

☐ out-of-state PAC (ID#)

LAN - PAC

Contributor address; City; State; Zip Code

1500 City West Blvd. 10th Floor
Houston, TX 77042

Amount of
contribution (\$)

50.00

In-kind contribution
description (if applicable)

Principal occupation (Optional)

Employer (Optional)

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.



POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

RECEIVED
CITY OF SAN ANTONIO
CITY CLERK

SCHEDULE A1

(FOR FORMS C/OH, C/OH-SS, SC-C/OH,
SC-SPAC, SPAC, & SPAC-SS)

The INSTRUCTION GUIDE explains how to complete this form.

2003 JAN 21 PM 1:02

2 FILER NAME <i>Castro, Julian</i>		1 Total pages this Schedule A1:	
3 ACCOUNT # (Ethics Commission filers)			
4 Date <i>10/23/02</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>Parsms Brinckerhoff, Inc. PAC</i>	7 Amount of contribution (\$) <i>200.00</i>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code <i>One Penn Plz. New York, NY 10119</i>			
9 Principal occupation (Optional)		10 Employer (Optional)	
Date <i>10/23/02</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>Raba-Kistner PAC, Inc</i>	Amount of contribution (\$) <i>110.00</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>P.O. Box 690287 San Antonio, TX 78269</i>			
Principal occupation (Optional)		Employer (Optional)	
Date <i>10/25/02</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>Jerry + Brenda Vickrey Johnson</i>	Amount of contribution (\$) <i>200.00</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>13055 N. Hunters Circle San Antonio, TX 78230</i>			
Principal occupation (Optional)		Employer (Optional)	
Date <i>10/28/02</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>Consulting Engineers Council of Texas</i>	Amount of contribution (\$) <i>170.00</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>400 W. 15th St., Suite 820 San Antonio Austin, TX 78701</i>			
Principal occupation (Optional)		Employer (Optional)	
Date <i>10/28/02</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>Turner, Collie + Braden PAC</i>	Amount of contribution (\$) <i>80.00</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <i>P.O. Box 130089 Houston, TX 77219</i>			
Principal occupation (Optional)		Employer (Optional)	

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.



POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

RECEIVED
CITY OF SAN ANTONIO
CITY CLERK

SCHEDULE A1

(FOR FORMS C/OH, C/OH-SS, SC-C/OH,
SC-SPAC, SPAC, & SPAC-SS)

2003 JAN 21 PM 1:02

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages this Schedule A1:

2 FILER NAME

Castro, Julian

3 ACCOUNT # (Ethics Commission filers)

4 Date

10/29/02

5 Full name of contributor

☐ out-of-state PAC (ID#:

Richard + Judith Versas

6 Contributor address; City; State; Zip Code

250 Treeline Park #906
San Antonio, TX 78209

7 Amount of
contribution (\$)

70.00

8 In-kind contribution
description (if applicable)

9 Principal occupation (Optional)

10 Employer (Optional)

Date

Full name of contributor

☐ out-of-state PAC (ID#:

Amount of
contribution (\$)

In-kind contribution
description (if applicable)

Contributor address; City; State; Zip Code

Principal occupation (Optional)

Employer (Optional)

Date

Full name of contributor

☐ out-of-state PAC (ID#:

Amount of
contribution (\$)

In-kind contribution
description (if applicable)

Contributor address; City; State; Zip Code

Principal occupation (Optional)

Employer (Optional)

Date

Full name of contributor

☐ out-of-state PAC (ID#:

Amount of
contribution (\$)

In-kind contribution
description (if applicable)

Contributor address; City; State; Zip Code

Principal occupation (Optional)

Employer (Optional)

Date

Full name of contributor

☐ out-of-state PAC (ID#:

Amount of
contribution (\$)

In-kind contribution
description (if applicable)

Contributor address; City; State; Zip Code

Principal occupation (Optional)

Employer (Optional)

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.



POLITICAL EXPENDITURES

SCHEDULE F

2003 JAN 21 PM 1:02

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F:

1

2 FILER NAME

Castro, Julian

3 ACCOUNT # (Ethics Commission filers)

4 Date

7/18/02

5 Payee name

Richard Garcia

6 Payee address;

City; State; Zip Code

166 Tesla

San Antonio, TX 78228

7 Amount (\$)

25.00

8 Purpose of payment (See instructions regarding type of information required.)

reimbursement - tree planting for neighborhood association

9 ** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name

Office sought

Office held

Date

8/1/02

Payee name

Thomas Jefferson High School

Payee address;

City; State; Zip Code

723 Dmaldson

San Antonio, TX 78201

Amount (\$)

200.00

Purpose of payment (See instructions regarding type of information required.)

football program advertisement

9 ** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name

Office sought

Office held

Date

9/20/02

Payee name

RTC Floristry, Inc.

Payee address;

City; State; Zip Code

1420 Fredericksburg Rd.

San Antonio TX 78201

Amount (\$)

99.78

Purpose of payment (See instructions regarding type of information required.)

flowers for event

9 ** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name

Office sought

Office held

Date

9/21/02

Payee name

Texas Diabetes Institute

Payee address;

City; State; Zip Code

701 S. Zarzamora

San Antonio, TX 78207

Amount (\$)

250.00

Purpose of payment (See instructions regarding type of information required.)

entry fee for Diabetes Walk
September 2002

9 ** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name

Office sought

Office held

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

